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JAN 25 2006

PTO/SB/21 (08 03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/035,914
		Filing Date	November 7, 2001
		First Named Inventor	David E. Weinstein
		Art Unit	1634
		Examiner Name	Diana B. Johannsen
Total Number of Pages in This Submission		Attorney Docket Number	5402-9

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Power of Attorney and Correspondence Indication Form		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Sander Rabin MD JD Registration No. 53,498 Customer No. 41672
Signature	<i>Sander Rabin</i>
Date	January 18, 2006

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/035,914
Filing Date	November 7, 2001
First Named Inventor	David E. Weinstein
Art Unit	1634
Examiner Name	Diana E. Johansson
Attorney Docket Number	5402-9

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sander Rabin MD JD				
Address	Convergent Technology Patent Law Group Whitman Osterman & Hanna LLP One Commerce Plaza				
City	Albany	State	NY	ZIP	12260
Country	USA				
Telephone	518 487-7683	Email	srabin1@nycap.rr.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature  SIGNATURE of Applicant or Assignee of Record

Name David E. Weinstein

Date January 24 2006

Telephone 212-543-0444

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/035,914
Filing Date	November 7, 2001
First Named Inventor	David E. Weinstein
Title	METHODS FOR DETECT ASTROCYT
Art Unit	1634
Examiner Name	Diana B. Johannsen
Attorney Docket Number	5402-9

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Sander Rabin MD JD	53,498

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR


<input checked="" type="checkbox"/> Firm or Individual Name	Sander Rabin MD JD		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	21 January 2006
Name	David E. Weinstein	Telephone	212-543-0444
Title and Company	Chief Executive and Chief Scientific Officer GHaMed Inc		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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